

For BPD or FRB use only:  
Customer Name

Customer No.

PD F 5410 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised December 2001)

OMB No. 1535-0136

## APPLICATION FOR REFUND OF PURCHASE PRICE OF UNITED STATES SAVINGS BONDS FOR ORGANIZATIONS

**IMPORTANT:** Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

**1. The undersigned presents and surrenders for refund the following United States Savings Bonds:**

ISSUE DATE	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Social security number, names, including middle names or initials, and addresses on the bonds)

*(If you need more space to describe the bonds, use a continuation sheet and attach it to the form.)*

**2. Refund of the purchase price is requested because:**

- a. ☐ The employee has been terminated and is not entitled to the bonds. The employee's funds were not used, in whole or in part, to purchase the bonds.
- b. ☐ The bonds were issued in error and the registrant(s) is/are not entitled.
- c. ☐ Other \_\_\_\_\_

THE CONDITION OF THIS OBLIGATION IS SUCH that if the above-named obligor, its successors or assigns, or any of them, shall well and truly indemnify and save harmless the United States of America from any other claim on account of said security(ies) and interest thereon and from any and all losses which the United States of America may sustain in consequence of any such other claim and shall repay to the United States of America all sums of money which the United States of America may pay on account of said security(ies) and interest thereon with interest, administrative costs, and penalties, then this obligation will be void; otherwise it will remain in full force and effect.

**3. Mail check to:** Name \_\_\_\_\_  
(Organization's Name)

Business Address \_\_\_\_\_  
(Number and Street or Rural Route) (City) (State) (ZIP Code)

Internet Address \_\_\_\_\_

**(SEE INSTRUCTIONS ON PAGE 2)**

***You must wait until you are in the presence of a certifying officer to sign this form.***

**4. Sign here**

**X**

\_\_\_\_\_  
(Signature of Officer Authorized to Request Refund of Purchase Price)

\_\_\_\_\_  
(Officer's Printed Name)

\_\_\_\_\_  
(Officer's Title)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(FAX No.)

\_\_\_\_\_  
(Organization's Name)

\_\_\_\_\_  
(Employer Identification Number)

***Certifying Officer – The individuals must sign in your presence. Complete the certification and affix your stamp or seal.***

**5.** I CERTIFY that \_\_\_\_\_, whose identity is well-known or proved to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (Month), \_\_\_\_\_ (Year), at \_\_\_\_\_ (City), \_\_\_\_\_ (State), and signed this form.

**(OFFICIAL STAMP  
OR SEAL)**

\_\_\_\_\_  
(Signature and title of certifying officer)

\_\_\_\_\_  
(Street address)

My commission expires \_\_\_\_\_ (For notaries only), \_\_\_\_\_ (City), \_\_\_\_\_ (State), \_\_\_\_\_ (ZIP Code)

**IDENTIFICATION NOTATIONS**

☐ Customer Account Number and Date Established: \_\_\_\_\_ ☐ Documents - Description: \_\_\_\_\_  
☐ Identified by (Signature and Address): \_\_\_\_\_

**INSTRUCTIONS**

This form is to be used for requesting refund of the purchase price for any of the circumstances shown on Page 1.

- Item 1.** Describe the savings bonds submitted for refund.
- Item 2.** Provide the reason the savings bonds are being submitted for refund. If none of the circumstances apply, complete Item 2 (c) and outline the reason for the request.
- Item 3.** Provide mailing instructions.
- Item 4.** A person authorized to request refund on behalf of the organization must sign this form, show his/her official title and daytime telephone number. The organization's employer identification number must also be furnished. (***See Certification to Form.***)
- Item 5.** The person requesting refund of the bonds listed must appear before and establish identification to the satisfaction of an authorized certifying officer and, in the presence of the officer, sign this request. (***See Certification to Form.***)

Send the application and any relevant correspondence to the Bureau of the Public Debt, Office of Investor Services, PO Box 1328, Parkersburg, WV 26106-1328.

**CERTIFICATION TO FORM**

Sign the completed form in the presence of an authorized certifying officer, a notary public, or other officer authorized by law to administer oaths. The certifying officer must complete the certification form and place an adequate notation on this form, or on a separate record, showing exactly how identification was established. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. A notary public or similar officer must also show the expiration date of his commission. Authorized certifying officers are available at banking institutions, including credit unions, in the United States, and as provided in Department of the Treasury Circulars Nos. 530 and Public Debt Series Nos. 3-80 and 2-98.

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 06 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to correct address shown in the instructions.**